

CCPC Board of Governors Meeting Minutes  
Wednesday, November 13, 2019  
Delores Bowman Auditorium  
Call to order 6:02 pm

**Roll Call**

**CCPC Board members present** - Pamela Adams, Robert Brown, Timothy Collier, Ki-Afi Ra Moyo, Luwana Pettus-Oglesby, Donald Washington, George Weatherby, Prencis Wilson.

**CCPC Board members absent** – Michelle Burns, Caroline Moore

**Ex Officio Members Present:** Carrie Douglas, Dr. Philip Lichtenstein

**Other:** Melba Moore, Commissioner CHD, Domonic Hopson, Zach Southwood, Assistant City Solicitor, Phyllis Richardson, Yury Gonzales, M.D., Virginia Scott, Jon Lawniczak

Topic	Discussion/Action	Motion	Responsible Party
Call to Order/Moment of Silence	Meeting was called to order 6:03 p.m.		Robert Brown
Roll Call	Quorum – 8 of 9 with Late arrivals		Angela Bredestege
Minutes	No changes or discussion. Minutes accepted and filed.		Angela Bredestege
Modification of the CCPC Bylaws – Article 13	Article VIII of the CCPC bylaws regarding Amendments gives the Board of Health approval rights over CCPC bylaw amendments.  <b>Motion</b> to Approve the Modification of the CCPC Bylaws – Article 13. Remove of the last sentence: The Board of Health must approve new Bylaws or any Bylaw amendment for the amendment to take effect.  *3 members arrived after vote	Motion: Pettus-Oglesby 2 <sup>nd</sup> : Wilson Passed: 5-0*	Robert Brown
Board Member	<b>Motion</b> to Approve the Application of Ashley Colmenero as a Member of the Board of Governors of the City of Cincinnati Primary Care.  Discussion: None  Ashley Colmenero is sworn in as a member of the CCPC Board of Governors.  *3 members arrived after vote	Motion: Pettus-Oglesby 2 <sup>nd</sup> : Washington Passed: 5-0*	Robert Brown
Committee Charters and Assignments	Discussion: One Committee Description has been received by the chair. Prior to the next meeting the board members should indicate their willingness to		

	serve on one or more the committees. The committees need to be populated.		
FY 19 Financial Review	<p>For Dental operations there was a loss of \$1.9 million dollars; Pharmacy made a profit of \$700,000.00; Community Health Centers lost \$3.5 million dollars (including pharmacy and dental); School Based Health Centers lost \$3.2 million dollar. This loss was helped to a degree by HRSA funding. \$1.5 to \$2.0 million is not included in this, but the remainder of the loss was made up for by the city and the general fund support. It will take gradual incremental changes to close this gap. In addressing these financial challenges, we need to identify ways to increase revenue through coding changes and productivity. If we become more efficient, improve our operations and see more patients, we will increase revenue AND expanding access to patients.</p> <p>Mr. Hopson will bring assessments to the board meetings to decide what changes need to be made to service lines to close the gap.</p> <p>Discussion: What has been discovered financially is more than the Board knew and there is more to discover. Information needs to flow to the board along with a visualization of how the leadership will work towards solutions.</p> <p>Mr. Hopson will bring a detailed financial report on a quarterly basis. Also provide monthly personnel actions.</p>		Domonic Hopson
CCPC Transformation	<ul style="list-style-type: none"> <li>• Provider – Care Team development Ratios</li> <li>• Provider Empanelment System Revise empanelment system and establish process for assignment of patients</li> <li>• Slot/Grid Standardization Create templates, increase slots and timeline</li> <li>• Implement Population Management Systems Training, Training Plan, Identify patients</li> <li>• Develop a client outreach plan My Chart, Neighborhood maps, Outreach, Develop Plan.</li> </ul> <p>Standardize processes for registration, supply management and coding. Develop standardize training and leverage HMO resources. Expansion of our new patient slots and slots per day.</p> <p>Discussion: Growing our Patient Population. We are seeing new patients every year but have difficulties keeping our old patients. We are reaching out to patients that we have not seen in many years to remind them to return to our centers for well-visits</p>		Domonic Hopson

	<p>as well as their illnesses. We are working to develop a marketing plan to let residents and patients know about all our services.</p> <p>Discussion: Quality Improvement and Lean Programs. We have seven leaders of our organization in training programs to process and quality improvement.</p> <p>Discussion: Neighborhood Maps. How do we reach new residents in developing areas? Why are residents not coming into our health centers in these areas. How do we remove the stigma of the health department and the health centers? Growth in the marketing of the health centers. Consideration to rebranding.</p>		
Patient Satisfaction Survey	Final stages of collecting surveys.		Domonic Hopson
Braxton Cann	We held a soft opening and are still working with the owners of the building on further construction items. There will be a grand opening in January.		Domonic Hopson
Aiken Dental	Tentative completion is late December or early January. Further discussion will be had concerning the financial needs for the facility.		Domonic Hopson
Ambrose Health Center	We have a monthly Advisory Committee Meeting with UC to review the data from the health center. Patient encounter are increasing. Our no-show rate for behavioral health is high. We believe location may be a contributing factor. We are doing same day reminder calls. We will also be implementing telehealth as well to help eliminate the transportation barrier. Initially, we will be expanding our mental and behavioral health services using telehealth with then focus on expanding to medical services as well.		
Credentialing and Privileging	Handout summary of the staff that were credentialed and privileged as well as re-privileging candidates.		Phyllis Richardson
Nursing Director	Lead Testing Update: We are We have roughly 2000 children under the age of 27 months. Evidence shows that we are capturing about 43% of the children for both their first lead screening at 12 months and the follow-up screening at 24 months. Some patients are lost after their initial screening. All health centers are working the Thrive by Five Collaborative for improving lead, ASQ and Immunizations.		Virginia Scott
QI/QA	<p>Update on Hypertension and Diabetes Mellitus – We have 2115 patients being treated with a diagnosis of hypertension and diabetes.</p> <p>Update – we have a total of 50 patients on dialysis.</p>		Yury Gonzales, M.D.

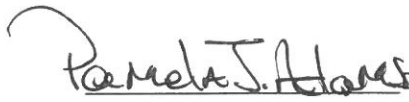
	<p>UDS Childhood Immunization Update – Average for CCPC in 2019 is 42.3%, slightly above the OCHIN Collaborative Performance of 40.3%.</p> <p>Colorectal Cancer Screening Update – The CCPC performance is 55%. The OCHIN collaborative performance is 39.3%.</p> <p>Cervical Cancer Screening Update – The CCPC performance is 71.2%. The OCHIN collaborative performance is 61.3%.</p> <p>Adult BMI – The CCPC performance is 89%.</p> <p>There will be two significant interventions within the department. Hypertension Control and Diabetes Poor Control. We will be working with the AHA for an upcoming funding opportunity.</p> <p>Diabetes Poor Control – We are currently at 30.8% which is 8% less than the OCHIN Collaborative. The lower number is better in this circumstance.</p>		
Commissioner's Update	<ul style="list-style-type: none"> <li>• Thank you to Dr. Phil Lichtenstein for sending two of our providers to attend a conference hosted by Massachusetts General Hospital.</li> <li>• Commissioner's Report for October 2019</li> <li>• Cold Weather Plan in conjunction with CRC.</li> <li>• Discussion with Council Member Landsman regarding lead in East Price Hill and Evanston.</li> <li>• Discussion with Council Member Mann regarding fetal alcohol syndrome disorder.</li> <li>• Health Matters – Marketing Plan</li> </ul>		Dr. Melba Moore
Modification of the CCPC Bylaws – Article 13	<p><b><u>Motion</u></b> to Reconsider the Motion to Approve the Modification of the CCPC Bylaws – Article 13.</p> <p><b><u>Motion</u></b> to Approve the Modification of the CCPC Bylaws – Article 13. Remove of the last sentence: The Board of Health must approve new Bylaws or any Bylaw amendment for the amendment to take effect.</p>	<p>Motion: Pettus-Oglesby 2<sup>nd</sup>: Washington Passes: 9-0</p> <p>Passes: 9-0</p>	

Meeting Adjourned 7:32 p.m.

Next Meeting Wednesday, December 11, 2019 – 6:00 p.m.

  
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Angela Bredestege, Board Clerk

Date 12/11/19

  
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Pamela J. Adams, Secretary

Date 12/11/19